

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 14
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee ADVANCED RESPONSE SYSTEMS			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Mailing Address 13175 GEORGE WEBER DRIVE			Amount 94950.00		
City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.320		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Name of Federal Candidate DR. BEN CARSON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 567495.11			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ADZIG			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Mailing Address 104B HOMESTEAD DRIVE			Amount 707.82		
City FOREST	State VA	Zip Code 24551-4884	Transaction ID : SE24.422		
Purpose of Expenditure FULFILLMENT ITEMS - ADHESIVE DECALS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2015		
Name of Federal Candidate DR. BEN CARSON			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 568202.93			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95657.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.320

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$1,861.76 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.422

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$13.88 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 1420 SPRING HILL ROAD SUITE 490		Amount 9921.99	
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.381
Purpose of Expenditure CONSULTING - AGENCY FEE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee COLORTREE GROUP, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 8000 VILLA PARK DRIVE		Amount 9795.00	
City RICHMOND	State VA	Zip Code 23228-6500	Transaction ID : SE24.199
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19716.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.381

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$194.55 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.199

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$192.06 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee D&D UNLIMITED, INC.			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015		
Mailing Address 524 MID FLORIDA DR. SUITE 202			Amount 962.50		
City ORLANDO	State FL	Zip Code 32824-7057	Transaction ID : SE24.151		
Purpose of Expenditure FULLFILLMENT ITEMS - CAR MAGNETS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 629762.42			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 2537.72		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.107		
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 632300.14			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3500.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.151

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$18.87 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.107

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$49.76 has been allocated equally to each of the remaining schedule primary elections.

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee FOUR STAR PRINTING		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 43671 TRADE CENTER PLACE SUITE 154		Amount 421.58	
City DULLES	State VA	Zip Code 20166-2118	Transaction ID : SE24.416
Purpose of Expenditure POSTERS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 632721.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee INTERNATIONAL DATA MANAGEMENT, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 490 WHITE POND DRIVE		Amount 170.00	
City AKRON	State OH	Zip Code 44320-1122	Transaction ID : SE24.256
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 632891.72		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	591.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 16 / 2015

Signature

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Form/Schedule: SE

Transaction ID : SE24.416

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$8.27 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.256

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$3.33 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MDI IMAGING & MAIL		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 21955 CASCADES PARKWAY		Amount 274.52	
City DULLES	State VA	Zip Code 20166-9211	Transaction ID : SE24.402
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 633166.24		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee OMEGA LIST COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 1420 SPRING HILL SUITE 490		Amount 14516.87	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.259
Purpose of Expenditure LIST RENTAL EXPENSE; ONLINE ADVERTISING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 647683.11		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14791.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.402

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5.38 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.259

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$284.64 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 40880.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.228
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 609082.93		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 10378.53	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.233
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 658978.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51258.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.228

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$801.57 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.233

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$203.50 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 6304 SHERIFF RD. STE Z		Amount 916.92	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.72 Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2015
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 648600.03		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	916.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

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Date

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12 / 16 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.72

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$17.98 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: